

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

MONTHLY ESTIMATEFOR THE MONTH OF September 2010Date: September 30, 2010

RECEIVED-DAGS
DIV. OF PUBLIC WORKS
2010 SEP 30 A 11:39

CONTRACTOR: Brian's Contracting, Inc.ADDRESS: P.O. Box 17790Contract No. 59192City, State ZIP: Honolulu, Hawaii 96817DAGS Job No. 13-20-2648PROJECT TITLE: Kalaupapa Settlement Nursing Facility (Bldg 141) Shower, Amb Dr & Generator Encl Improv**CONTRACT**Basic Contract Amount \$ 180,000.00

FOR INSPECTION BRANCH USE

☒ SUBMITTAL REGISTER☒ COMMENCEMENT REQUIREMENTS

DUE MONTHLY:

☒ PROJECT SCHEDULE - INITIAL & ONGOING☒ DAILY REPORTS☒ PAYROLL AFFIDAVITS

MONTHLY ESTIMATE CHECKLIST

☒ CONTRACT NUMBER☒ PROJECT NAME & LOCATION☒ ALL SIGNATURES**CHANGE ORDERS**Total \$ -Adjusted Contract Amount \$ 180,000.00**WORK ACCOMPLISHED****Basic Contract**Completed to Date 22.69% \$ 40,850.00**Change Order****Total**#DIV/0! \$ - \$ 40,850.00Retained **REDUCED** [] \$ 2,167.00\$ - \$ 2,167.00Amount Subject to Payment \$ 38,683.00\$ - \$ 38,683.00Payments to Date \$ -\$ - \$ -Payments Now Due \$ 38,683.00\$ - \$ 38,683.00Payment No. **FINAL** [] 1

Remarks:

1. Computed and Checked by:

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request.

3. Recommended: King Peterson Project Inspector or EngineerDate: 10/11/2010

BRIAN'S CONTRACTING, INC.

Name of Contractor

4. Recommended: W. Ulu Area Engineer/ArchitectDate: 10/11/20105. Approved: Clyde K. Kumbie Branch Chief / District EngineerDate: OCT 11 2010

By signature / Title:

The Public Works Administrator certifies that change orders have been issued and the work performed.

Date: 9/30/10Amelia y.w. Jan State Public Works AdministratorDate: OCT 11 2010

State Public Works Administrator

Date:

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII

**Department of Accounting and General Services
Division of Public Works**

For the Month of: Setpember 2010

CONTRACTOR: Brian's Contracting, Inc.
PROJECT TITLE: Kalaupapa Settlement Nursing Facility (Bldg 141)
 Shower, Amb Dr & Generator Encl Improv

Contract No.: 59192
DAGS Job No.: 13-20-2648

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	BASIC CONTRACT = AMOUNT	COMPL. TO DATE	% CMPL	RETN %	CONTRACT
								AMOUNT RETAINED
	Brian's Contracting, Inc.	General Contractor	ABC-23456	\$149,650	\$38,350	25.63%	5%	\$1,917

SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	SUB-CONTRACT AMOUNT RETAINED
S. Kansaki & Son Painting	Painting	C-26348	\$5,800	\$0	0.00%	10%	\$0
Mason's Plumbing Service	Plumbing	C-22586	\$5,000	\$2,500	50.00%	10%	\$250
MRC, Inc.	Roofing	BC-14195	\$5,000	\$0	0.00%	10%	\$0
SK Electric, Inc.	Electrical	C-24558	\$13,500	\$0	0.00%	10%	\$0
Structural Pest Control	Termite Control	PC-489	\$1,050	\$0	0.00%	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
Total Retained from Subs							\$250


£120,000

BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$2,167
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I certify that the above retentions are correct for this request.

BRIAN'S CONTRACTING, INC.

Name of Contractor _____

x 
By Signature

Date _____

9/30/2010

Checked/Verified by:

KF

Initial - Project Inspector or Engineer

NOTE:

NOTE:
Columnar totals shall be equal in dollar value to that on
the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 1

PROJECT TITLE: KALAUPAPA SETTLEMENT - NURSG FAC (BLDG 141), SHWR,
AMBLNC DR & GENERTR ENCL IMPS

BILLING MONTH: September-10

DAGS JOB NO.: 1 3-20-2648

CONTRACT NO.: 59192

CONTRACTOR: BRIAN'S CONTRACTING, INC

VENDOR CODE: 30439600

Original Contract Payment Suffix: 1, 2

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B07-409M	\$9,886.33		\$9,886.33
02	B08-408M	\$30,963.67	\$2,167.00	\$28,796.67
Totals:		\$40,850.00	\$2,167.00	\$38,683.00

Change Order Payment Suffix: 3

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B08-408M	\$0.00	\$0.00	\$0.00
Totals:				
Grand Total:		\$40,850.00	\$2,167.00	\$38,683.00

Lloyd Ogata 10/12/2010
Verified By DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 30439600

Cost Code 3A1

Voucher No. 10105N28

Verified By *Pz* 10/19/10